
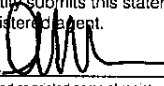
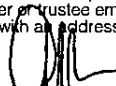


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90107 047 ***150.00

DOCUMENT # P97000090391 1. Entity Name ART BIZ, INC.					
Principal Place of Business 1521 ALTON RD 235 MIAMI, FL 33139 US			Mailing Address 1521 ALTON RD 235 MIAMI, FL 33139 US		
2. Principal Place of Business 1210 WASHINGTON AVE. Suite, Apt. #, etc. SUITE #213			3. Mailing Address 1210 WASHINGTON AVE. Suite, Apt. #, etc. SUITE #213		
City & State MIAMI BEACH FL			City & State MIAMI BEACH FL		
Zip 33139		Country US		4. FEI Number 65-0788625	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OCHOA, ANA MARIA 210 W RIVO ALTO DR MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name OCHOA, ANA MARIA Street Address (P.O. Box Number is Not Acceptable) 2708 SW 165 AVE. City MIRAMAR FL Zip Code 33027		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <input checked="" type="checkbox"/>  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST OCHOA, ANA MARIA 210 W RIVO ALTO DR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, DANIEL 1521 ALTON RD #235 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST OCHOA, ANA MARIA 2708 SW 165 AVE MIRAMAR FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, DANIEL 2708 SW 165 AVE MIRAMAR FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST OCHOA, ANA MARIA 2708 SW 165 AVE MIRAMAR FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, DANIEL 2708 SW 165 AVE MIRAMAR FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST OCHOA, ANA MARIA 2708 SW 165 AVE MIRAMAR FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, DANIEL 2708 SW 165 AVE MIRAMAR FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST OCHOA, ANA MARIA 2708 SW 165 AVE MIRAMAR FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <input checked="" type="checkbox"/>  ANA MARIA OCHOA, PRES. 3/24/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					

24043954



03292004 Chg-P CR2E034 (10/03)